

JAMES L. BIALK, D.D.S., S.C.  
121 Wolf Run  
Mukwonago, WI 53149  
(262) 363-4016

## Acknowledgement of Receipt of Privacy Notice

PATIENT NAME (please print) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Your privacy and the privacy of your protected health information is important to us. To provide you with health care, we must share your protected health information. It will be used for treatment, payment and our health care operations.

Our Notice of Privacy Practice ("NPP") gives you information about how we may use and disclose your protected health information. You have the right to review our NPP before signing this Acknowledgement.

Our privacy practices may change over time. If we change our NPP, we will provide you with a new copy the next time you receive care.

I have read the above.

Patient or Patient's Representative: \_\_\_\_\_

Date: \_\_\_\_\_

---

**For Office Use Only**

---

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

© 2002 American Dental Association

All Rights Reserved

Reproduction and use of this form by dentists and their staff is permitted. Any other use, duplication or distribution of this form by any other party requires the prior written approval of the American Dental Association.

This Form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).